## Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Ide  | entify Yourself  |  |   |
|-----|--|--|--|---|
|     |  |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your fu  | ıll name   |  |   |
|     | Write th   | ne name that is on   | Sharon                                   |   |
|     | your government<br>picture identificat<br>example, your dr | identification (for  | First name                               | First name                                    |
|     | license  | or passport).  | Middle name                              | Middle name                                   |
|     |  | our picture  | Butcher                                  |   |
|     |  | cation to your g with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All othe   | er names you have  |  |   |
|     |  | your married or  |  |   |
|     |  | names.   |  |   |
| 3.  | your So<br>numbe<br>Individu                               | ne last 4 digits of<br>ocial Security<br>r or federal<br>ual Taxpayer<br>cation number | xxx-xx-4713                              |   |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 2 of 51

Case number (if known) Debtor 1 Sharon Butcher

|            |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|------------|--|---|---|
| 1.         | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |
| 5.         | Where you live   | 210 Roberts Rd New Lenox, IL 60451  Number, Street, City, State & ZIP Code  Will  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |
| <b>ò</b> . | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 3 of 51

Case number (if known) Debtor 1 Sharon Butcher

| ar  | Tell the Court About  | Your B     | ankruptcy Ca    | se   |   |  |          |  |
|-----|---|------------|-----------------|--|---|--|----------|--|
| 7.  | The chapter of the Bankruptcy Code you are  |            |                 |  | of each, see <i>Notice Required by</i> f page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Banki<br>e box.  | ruptcy   |  |
|     | choosing to file under  | <b>■</b> C | hapter 7        |  |   |  |          |  |
|     |   | □с         | hapter 11       |  |   |  |          |  |
|     |   | □с         | hapter 12       |  |   |  |          |  |
|     |   | □с         | hapter 13       |  |   |  |          |  |
|     |   |            |                 |  |   |  |          |  |
| 3.  | How you will pay the fee  |            | about how yo    | u may pay. Typ<br>attorney is subi   | pically, if you are paying the fee yo                                     | k with the clerk's office in your local court for mor<br>burself, you may pay with cash, cashier's check, c<br>alf, your attorney may pay with a credit card or ch | or money |  |
|     |   |            |                 |  | tallments. If you choose this options (Official Form 103A).               | on, sign and attach the Application for Individuals  | to Pay   |  |
|     |   |            |                 | st that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, |   |  |          |  |
|     |   |            | applies to you  | ur family size ar  | nd you are unable to pay the fee i  | our income is less than 150% of the official povert<br>n installments). If you choose this option, you mus   |          |  |
|     |   |            | the Application | n to Have the (  | Chapter 7 Filing Fee Waived (Offi   | cial Form 103B) and file it with your petition.  |          |  |
|     |   |            |                 |  |   |  |          |  |
| €.  | Have you filed for<br>bankruptcy within the   | ■ No       |                 |  |   |  |          |  |
|     | last 8 years?   | □ Ye       | es.             |  |   |  |          |  |
|     |   |            | District        |  | When  | Case number  |          |  |
|     |   |            | District        |  | When  | Case number  |          |  |
|     |   |            | District        |  | When  | Case number  |          |  |
| 10. | Are any bankruptcy  | ■ No       |                 |  |   |  |          |  |
|     | cases pending or being filed by a spouse who is                                       | _          |                 |  |   |  |          |  |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Y€       | es.             |  |   |  |          |  |
|     |   |            | Debtor          |  |   | Relationship to you  |          |  |
|     |   |            | District        |  | When  | Case number, if known  |          |  |
|     |   |            | Debtor          |  |   | Relationship to you  |          |  |
|     |   |            | District        |  | When  | Case number, if known  |          |  |
| 11. | Do you rent your residence?   | ■ No       | Go to l         | ine 12.  |   |  |          |  |
|     | residence:  | □ Ye       | es. Has yo      | ur landlord obta   | ained an eviction judgment agains   | st you and do you want to stay in your residence?  |          |  |
|     |   |            |                 | No. Go to line   | 12.   |  |          |  |
|     |   |            |                 | Yes. Fill out In bankruptcy per  |   | Judgment Against You (Form 101A) and file it wit   | h this   |  |
|     |   |            |                 |  |   |  |          |  |

| Deb | otor 1                         | Sharon Butcher  | 13607       | D0C 1      | Document                  | Page 4 of 51  Case number (if known) | Desc Main | _ |
|-----|--------------------------------|---|-------------|------------|---------------------------|--------------------------------------|-----------|---|
| Par | t 3:                           | Report About Any Bu   | ısinesses ` | You Own as | a Sole Proprietor         |                                      |           |   |
| 12. | of ar                          | you a sole proprietor<br>ny full- or part-time<br>ness?   | ■ No.       | Go to Pa   | rt 4.                     |                                      |           |   |
|     |                                |   | ☐ Yes.      | Name an    | d location of business    |                                      |           |   |
|     | busir<br>an in<br>sepa<br>as a | le proprietorship is a<br>ness you operate as<br>idividual, and is not a<br>arate legal entity such<br>corporation,<br>nership, or LLC. |             |            | business, if any          |                                      |           |   |
|     | sole<br>sepa                   | u have more than one<br>proprietorship, use a<br>trate sheet and attach   |             | ,          | Street, City, State & ZIP |                                      |           |   |
|     | It to t                        | this petition.  |             | Cneck th   | e appropriate box to des  | cribe your business:                 |           |   |

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

> For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

I am not filing under Chapter 11. ■ No.

None of the above

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. |  |
|------|--|
|      |  |
|      |  |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Page 5 of 51 Document

Debtor 1 **Sharon Butcher** 

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 6 of 51

Case number (if known) **Sharon Butcher** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sharon Butcher Signature of Debtor 2 **Sharon Butcher** Signature of Debtor 1 Executed on April 21, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 7 of 51

Debtor 1 Sharon Butcher Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ronald             | D. Cummings              | Date          | April 21, 2016                 |
|------------------------|--------------------------|---------------|--------------------------------|
| Signature of           | Attorney for Debtor      |               | MM / DD / YYYY                 |
| Ronald D. Printed name | Cummings                 |               |                                |
| Law office             | es of Ronald D. Cummings |               |                                |
| 22600 Dee              | r Path Lane              |               |                                |
|                        | City, State & ZIP Code   |               |                                |
| Contact phone          | 815 782-4844             | Email address | bankruptcylawyer@sbcglobal.net |
| 6195972                |                          |               |                                |
| Darmunahar 0 C         | tata                     |               |                                |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

|                     |                         | Docume            | ent Page 8 of 51 |                       |
|---------------------|-------------------------|-------------------|------------------|-----------------------|
| Fill in this inforn | nation to identify your | case:             |                  |                       |
| Debtor 1            | Sharon Butcher          |                   |                  |                       |
|                     | First Name              | Middle Name       | Last Name        |                       |
| Debtor 2            |                         |                   |                  |                       |
| Spouse if, filing)  | First Name              | Middle Name       | Last Name        |                       |
| Jnited States Ba    | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                       |
| Case number _       |                         |                   |                  | ☐ Check if this is an |
|                     |                         |                   |                  | amended filing        |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|    | tt 1: Summarize Your Assets  |              |                               |
|----|--|--------------|-------------------------------|
|    |  | Your as      | ssets<br>of what you own      |
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                          |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 2,174.00                      |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 2,174.00                      |
| Pa | t 2: Summarize Your Liabilities  |              |                               |
|    |  |              | <b>abilities</b><br>t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                          |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 40,796.89                     |
|    | Your total liabilities   | \$           | 40,796.89                     |
| Pa | t 3: Summarize Your Income and Expenses  |              |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 488.00                        |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 520.00                        |
| Pa | Answer These Questions for Administrative and Statistical Records  |              |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sch | nedules.                      |
| 7. | ■ Yes What kind of debt do you have?   |              |                               |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a personal,  | family, or                    |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Entered 04/21/16 11:24:18 Doc 1 Filed 04/21/16 Desc Main Case 16-13607 Document

Page 9 of 51 Case number (if known) Debtor 1 Sharon Butcher

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | ١. |
|----|--|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ |

0.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

|   |   | Documen                          | t Page 10 of 51  | _   |
|---|---|----------------------------------|--|---|
| Fill in this infor  | mation to identify your   | case and this filing:            |  |   |
| Debtor 1  | Sharon Butcher  |                                  |  |   |
|   | First Name  | Middle Name                      | Last Name  |   |
| Debtor 2<br>(Spouse, if filing)                                   | First Name  | Middle Name                      | Last Name  |   |
|   | ankruptov Court for the   | NORTHERN DISTRICT OF             | SIONILLI   |   |
| Officed States Da   | ankrupicy Court for the.  | NORTHERN DISTRICT OF             | ILLINOIS   |   |
| Case number _   |   |                                  |  | ☐ Check if this is an amended filing  |
| Official Fo   | orm 106A/B  |                                  |  |   |
| Schedul   | e A/B: Prop   | ertv                             |  | 12/15   |
| hink it fits best. E<br>nformation. If mor<br>Answer every ques   | Be as complete and accura<br>re space is needed, attach<br>stion. | ate as possible. If two married  | e. If an asset fits in more than one category, people are filing together, both are equally res On the top of any additional pages, write your | sponsible for supplying correct   |
|   |   |                                  |  |   |
| Do you own or l   | have any legal or equitabl  | e interest in any residence, bui | lding, land, or similar property?  |   |
| No. Go to Par   | rt 2.   |                                  |  |   |
| ☐ Yes. Where i  | is the property?  |                                  |  |   |
| Part 2: Describe  | Your Vehicles   |                                  |  |   |
|   |   |                                  | les, whether they are registered or not?<br>G: Executory Contracts and Unexpired Lea   |   |
| B. Cars, vans, tr   | rucks, tractors, sport u  | tility vehicles, motorcycles     |  |   |
| ■ No  |   |                                  |  |   |
| ☐ Yes   |   |                                  |  |   |
| •   | •   |                                  | vehicles, other vehicles, and accessories snowmobiles, motorcycle accessories  | es  |
| ■ No  |   |                                  |  |   |
| ☐ Yes   |   |                                  |  |   |
|   |   |                                  | ies from Part 2, including any entries for   |   |
| Part 3: Describe  | Your Personal and Hous  | ehold Items                      |  |   |
| Do you own or   | have any legal or equit   | able interest in any of the f    | ollowing items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <ul><li>Examples: Ma</li><li>In No</li><li>In Yes. Desc</li></ul> |   | , linens, china, kitchenware     |  |   |
|   |   |                                  |  |   |
|   | i   | sonal items                      | 1  | \$200.00  |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

| Examp.  No Yes.  P. Equipm Examp.  No Yes.  No Yes.  10. Fireart Exam, No Yes.  11. Clother Exam, No Yes.  12. Jewelt Exam, No Yes.  13. Non-fa Exam, No Yes.  14. Any of Yes.  15. Add for P. | Case 16-13607  | Doc 1          | Filed 04/21/16<br>Document | Entered 04/21/16 11 Page 11 of 51      | Desc Main    |                                       |
|--|--|----------------|----------------------------|--|--------------|---------------------------------------|
| Debtor 1   | Sharon Butcher   |                |                            | Case number                            | r (if known) |                                       |
|  | cell ph  | one            |                            |  |              | \$50.0                                |
| Example ■ No   | other collections, memo                                    |                |                            | oks, pictures, or other art objects; s | stamp, coin  | , or baseball card collections;       |
| 9. <b>Equipm</b> Example   | ent for sports and hobbie                                  |                | other hobby equipment;     | bicycles, pool tables, golf clubs, sk  | is; canoes   | and kayaks; carpentry tools;          |
| ■ No   | ms  ples: Pistols, rifles, shotgun  Describe               | s, ammunitio   | n, and related equipmen    | ı                                      |              |                                       |
| □ No   | es ples: Everyday clothes, furs Describe                   | s, leather coa | ts, designer wear, shoes   | accessories                            |              |                                       |
|  | misc c   | lothing        |                            |  | ]            | \$100.0                               |
| ■ No □ Yes.  13. <b>Non-fa</b> Exam  |  |                | , engagement rings, wed    | ding rings, heirloom jewelry, watch    | es, gems, ç  | gold, silver                          |
| ■ No   | ther personal and househ Give specific information         |                | ou did not already list, i | ncluding any health aids you did       | not list     |                                       |
|  | the dollar value of all of y<br>art 3. Write that number h |                |                            | ny entries for pages you have at       | tached       | \$350.00                              |
|  | escribe Your Financial Assets                              |                |                            |  |              |                                       |
| Do you ov  | wn or have any legal or ec                                 | quitable inte  | rest in any of the follow  | ing?                                   |              | Current value of the portion you own? |

claims or exemptions.

16. Cash

8

9

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

Institution name: ■ Yes.....

Entered 04/21/16 11:24:18 Desc Main Case 16-13607 Doc 1 Filed 04/21/16 Page 12 of 51
Case number (if known) Document

Debtor 1 **Sharon Butcher** 

|     |  | 17.1.               | checking                    | BMO Harris Bank   | \$1,824.00  |
|-----|--|---------------------|-----------------------------|---|---|
| 18. | '  |                     |                             | brokerage firms, money market accounts  |   |
|     | ■ No<br>□ Yes  |                     | Institution or issue        | er name:  |   |
| 19. | Non-publicly traded sto  | ock and             | interests in inco           | porated and unincorporated businesses, i  | including an interest in an LLC, partnership, and           |
|     | ■ No<br>□ Yes. Give specific info  |                     | about them<br>me of entity: |   | 6 of ownership:   |
| 20. | Negotiable instruments   | include p           | personal checks, c          | gotiable and non-negotiable instruments cashiers' checks, promissory notes, and mone transfer to someone by signing or delivering the |   |
|     | Yes. Give specific info  |                     | about them<br>uer name:     |   |   |
| 21. | Retirement or pension  Examples: Interests in II  No  Yes. List each account   | RA, ERI             | SA, Keogh, 401(k)           | , 403(b), thrift savings accounts, or other pens  | sion or profit-sharing plans                                |
| 22. | Security deposits and progressive and progressive states and progressive states and progressive states and progressive states are progres | orepayn<br>d deposi | nents<br>ts you have made   | so that you may continue service or use from nt, public utilities (electric, gas, water), telecom                                     | a company<br>nmunications companies, or others              |
|     | ■ No<br>□ Yes  |                     |                             | Institution name or individual:   |   |
| 23. |  | r a perio           | dic payment of mo           | oney to you, either for life or for a number of ye  | ears)   |
|     | ■ No<br>□ Yes Iss  | uer nam             | e and description.          |   |   |
| 24  | 26 U.S.C. §§ 530(b)(1), 5  |                     |                             | qualified ABLE program, or under a qualif   | fied state tuition program.                                 |
|     | ■ No<br>□ Yes Ins  | stitution i         | name and descript           | cion. Separately file the records of any interest   | ts.11 U.S.C. § 521(c):                                      |
| 25. | No   |                     |                             | (other than anything listed in line 1), and r   | ights or powers exercisable for your benefit                |
|     | ☐ Yes. Give specific info  |                     |                             |   |   |
| 26. |  |                     |                             | and other intellectual property eeds from royalties and licensing agreements  |   |
|     | ☐ Yes. Give specific info  | rmation             | about them                  |   |   |
| 27. | Licenses, franchises, a  Examples: Building perr  No   |                     |                             | bles operative association holdings, liquor licenses  | s, professional licenses                                    |
|     | Yes. Give specific info  | rmation             | about them                  |   |   |
| M   | oney or property owed to   | o you?              |                             |   | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 3

claims or exemptions.

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Page 13 of 51
Case number (if known) Document Debtor 1 **Sharon Butcher** 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\hfill \square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,824.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Official Form 106A/B Schedule A/B: Property

Describe All Property You Own or Have an Interest in That You Did Not List Above

■ No. Go to Part 7.□ Yes. Go to line 47.

Part 7:

Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Case 16-13607 Page 14 of 51
Case number (if known)

Document Debtor 1 **Sharon Butcher** 

| 53.  | Do you have other property of any kind you did not already list?<br>Examples: Season tickets, country club membership | ?              |                           |                        |
|------|---|----------------|---------------------------|------------------------|
|      | No  |                |                           |                        |
|      | Yes. Give specific information  |                |                           |                        |
| 54.  | Add the dollar value of all of your entries from Part 7. Write the  | at number here |                           | \$0.00                 |
| Part | 8: List the Totals of Each Part of this Form  |                |                           |                        |
| 55.  | Part 1: Total real estate, line 2   |                |                           | \$0.00                 |
| 56.  | Part 2: Total vehicles, line 5  | \$0.00         |                           |                        |
| 57.  | Part 3: Total personal and household items, line 15   | \$350.00       |                           |                        |
| 58.  | Part 4: Total financial assets, line 36   | \$1,824.00     |                           |                        |
| 59.  | Part 5: Total business-related property, line 45  | \$0.00         |                           |                        |
| 60.  | Part 6: Total farm- and fishing-related property, line 52   | \$0.00         |                           |                        |
| 61.  | Part 7: Total other property not listed, line 54 +  | \$0.00         |                           |                        |
| 62.  | Total personal property. Add lines 56 through 61  | \$2,174.00     | Copy personal property to | stal <b>\$2,174.00</b> |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62  |                |                           | \$2,174.00             |

Official Form 106A/B Schedule A/B: Property page 5

|                                | Case 16-13607               | Doc 1          | Filed 04/21/16           | Entered 04/21/16 11   | .:24:18      | Desc Main                            |
|--------------------------------|-----------------------------|----------------|--------------------------|---|--------------|--------------------------------------|
| Fill in this i                 | nformation to identify yo   | ur case:       |                          |   |              |                                      |
| Debtor 1                       | Sharon Butche               |                | dle Name                 | Last Name   |              |                                      |
| Debtor 2<br>(Spouse if, filing |                             | -              | dle Name                 | Last Name   | _            |                                      |
| United State                   | es Bankruptcy Court for the | e: NORTH       | ERN DISTRICT OF ILL      | INOIS   | _            |                                      |
| Case number (if known)         | er                          |                |                          |   | ı            | ☐ Check if this is an amended filing |
|                                | Form 106C                   | roport         | ry Vou Clair             | m as Evernt   |              |                                      |
| <u>Sched</u>                   | iule C: The P               | roperi         | y You Clair              | n as Exempt   |              | 4/1                                  |
| the property                   | you listed on Schedule A/E  | B: Property (C | Official Form 106A/B) as | gether, both are equally responsibly your source, list the property that Page as necessary. On the top of | you claim as | exempt. If more space is             |
| specific dol                   | lar amount as exempt. Al    | lternatively,  | you may claim the full   | mount of the exemption you cla<br>fair market value of the propert  | y being exem | pted up to the amount of             |

any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Рα | identity the Property You Claim as E   | xempt                                |                               |              |                                    |
|----|--|--------------------------------------|-------------------------------|--------------|------------------------------------|
| 1. | Which set of exemptions are you claiming   | ? Check one only, ever               | n if your spouse is filing wi | th you.      |                                    |
|    | ■ You are claiming state and federal nonban  | kruptcy exemptions. 1                | 1 U.S.C. § 522(b)(3)          |              |                                    |
|    | ☐ You are claiming federal exemptions. 11 t  | J.S.C. § 522(b)(2)                   |                               |              |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | mpt, fill in the information  | on below.    |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption       | you claim    | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  | Check only one box for each   | h exemption. |                                    |
|    | misc personal items  | \$200.00                             |                               | \$200.00     | 735 ILCS 5/12-1001(b)              |

|  | Schedule A/B |   |                       |
|--|--------------|---|-----------------------|
| misc personal items Line from Schedule A/B: 6.1        | \$200.00     | \$200.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| cell phone Line from Schedule A/B: 7.1                 | \$50.00      | \$50.00   | 735 ILCS 5/12-1001(b) |
| Ente nom Gonedate 77 B. T.T.                           |              | 100% of fair market value, up to any applicable statutory limit           |                       |
| misc clothing Line from Schedule A/B: 11.1             | \$100.00     | \$100.00  | 735 ILCS 5/12-1001(a) |
| Line nom <i>Schedule A/b.</i> 1111                     |              | 100% of fair market value, up to any applicable statutory limit           |                       |
| checking: BMO Harris Bank Line from Schedule A/B: 17.1 | \$1,824.00   | \$1,824.00  | 735 ILCS 5/12-1001(b) |
| Line Hori Goriedale A/B. 11.1                          |              | 100% of fair market value, up to any applicable statutory limit           |                       |

| 3. | Are you claiming a homestead exemption of more than \$160,375?  |
|----|---|
|    | (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No Yes

Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Case 16-13607 Page 16 of 51 Case number (if known) Document

Debtor 1 Sharon Butcher

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

| Debtor 1 Sharon Butcher First Name Middle Name Last Name  Debtor 2 (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |
|--|
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name  |
| (Spouse if, filing) First Name Middle Name Last Name   |
|  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  |
|  |
| Case number  |
| (if known)   |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

|                            | 0000 10 10001 1                                     | Document                                | Page 18           | 8 of 51                                | 20 Desc Main  |
|----------------------------|---|---|-------------------|--|---|
| Fill in thi                | s information to identify your o                    |   |                   |  |   |
| Debtor 1                   | Sharon Butcher                                      |   |                   |  |   |
| 20010. 1                   | First Name  | Middle Name                             | Last Name         |  |   |
| Debtor 2                   | Earl Name   | Martin Name                             | Last Name         |  |   |
| (Spouse if, fi             | ling) First Name                                    | Middle Name                             | Last Name         |  |   |
| United St                  | ates Bankruptcy Court for the:                      | NORTHERN DISTRICT OF ILL                | LINOIS            |  |   |
| Case nun                   | nber  |   |                   |  |   |
| (if known)                 |   |   |                   |  | ☐ Check if this is an   |
|                            |   |   |                   |  | amended filing  |
| Official                   | Form 106E/F   |   |                   |  |   |
|                            | ule E/F: Creditors W                                | ho Have Unsecured                       | Claims            |  | 12/15   |
|                            |   |   |                   | Part 2 for creditors with NONP         | RIORITY claims. List the other party to   |
| Schedule D<br>left. Attach |   | red by Property. If more space is       | needed, copy t    | the Part you need, fill it out, nu     | cured claims that are listed in<br>umber the entries in the boxes on the<br>p of any additional pages, write your |
| Part 1:                    | List All of Your PRIORITY Un                        | secured Claims                          |                   |  |   |
| 1. Do an                   | y creditors have priority unsecured                 | d claims against you?                   |                   |  |   |
|                            | . Go to Part 2.                                     |   |                   |  |   |
| ☐ Ye                       | •   |   |                   |  |   |
| Part 2:                    | List All of Your NONPRIORIT                         |   |                   |  |   |
| 3. Do an                   | y creditors have nonpriority unsec                  | ured claims against you?                |                   |  |   |
| □ No                       | . You have nothing to report in this pa             | art. Submit this form to the court with | your other sche   | edules.                                |   |
| ■ Ye                       | S.  |   |                   |  |   |
| unsecu                     | ne creditor holds a particular claim, lis           | for each claim. For each claim listed   | , identify what t | type of claim it is. Do not list clair | ms already included in Part 1. If more  |
|                            |   |   |                   |  | Total claim   |
| 4.1 <b>A</b>               | ssociated Radiologists of                           | Joliet Last 4 digits of acc             | ount number       | 9395                                   | \$74.00   |
|                            | onpriority Creditor's Name 801 W. 73rd Street, #637 | When was the debt                       | incurred?         |  |   |
|                            | edford Park, IL 60499-0637                          |   | mounted:          |  |   |
| N                          | umber Street City State Zlp Code                    |   | file, the claim i | is: Check all that apply               |   |
| _                          | /ho incurred the debt? Check one.                   |   |                   |  |   |
|                            | Debtor 1 only                                       | ☐ Contingent                            |                   |  |   |
|                            | Debtor 2 only                                       | ☐ Unliquidated                          |                   |  |   |
|                            | Debtor 1 and Debtor 2 only                          | ☐ Disputed                              |                   |  |   |
|                            | At least one of the debtors and ano                 | Па                                      | IIIY unsecured    | ı cıaım:                               |   |
|                            | Check if this claim is for a commebt                |   |                   | untion opposition altitude of          | tuon did not  |
|                            | the claim subject to offset?                        | report as priority clai                 |                   | aration agreement or divorce that      | t you aid not   |
|                            | No  | Debts to pension                        | or profit-sharin  | ng plans, and other similar debts      |   |
|                            | ] Yes   | Other. Specify                          |                   |  |   |
| _                          |   | — Other. Specify                        |                   |  |   |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 19 of 51

Debtor 1 Sharon Butcher Case number (if know) 4.2 \$5,424.00 **Bank Of America** Last 4 digits of account number 9638 Nonpriority Creditor's Name Nc4-105-03-14 Opened 12/01/06 Last Active Po Box 26012 When was the debt incurred? 6/04/14 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.3 **Bank Of America** Last 4 digits of account number 1003 \$0.00 Nonpriority Creditor's Name Nc4-105-03-14 Opened 2/01/06 Last Active Po Box 26012 When was the debt incurred? 6/20/07 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Bank Of America** 7513 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Nc4-105-03-14 Opened 7/01/98 Last Active Po Box 26012 When was the debt incurred? 10/08/04 Greensboro, NC 27410 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 20 of 51

Case number (if know) Debtor 1 Sharon Butcher 4.5 \$5,401.00 Capital One Last 4 digits of account number 2349 Nonpriority Creditor's Name Attn: Bankruptcy Opened 3/01/04 Last Active Po Box 30285 When was the debt incurred? 5/28/14 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.6 **Chase Card** Last 4 digits of account number 2567 \$0.00 Nonpriority Creditor's Name Opened 1/01/05 Last Active Po Box 15298 When was the debt incurred? 4/21/06 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.7 **Chase Card Services** Last 4 digits of account number 7836 \$1,873.00 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 12/01/12 Last Active Po Box 15298 When was the debt incurred? 7/01/14 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Credit Card

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

Document Page 21 of 51 Debtor 1 Sharon Butcher Case number (if know) 4.8 \$699.00 Citibank Last 4 digits of account number 6101 Nonpriority Creditor's Name Citicorp Credit Services Opened 7/01/12 Last Active Po Box 790040 When was the debt incurred? 9/29/14 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.9 Citibank/Best Buy Last 4 digits of account number 1871 \$20,047.00 Nonpriority Creditor's Name Centralized Bankruptcv/CitiCorp Opened 12/01/06 Last Active Credit S When was the debt incurred? 12/26/13 Po Box 790040 St Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Credit Card Other. Specify 4.1 Citibank/Best Buy \$294.00 9711 Last 4 digits of account number Nonpriority Creditor's Name Centralized Bankruptcy/CitiCorp Opened 10/01/11 Last Active Credit S When was the debt incurred? 1/30/14 Po Box 790040 St Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

Entered 04/21/16 11:24:18 Case 16-13607 Doc 1 Filed 04/21/16 Desc Main

Document Page 22 of 51 Case number (if know) Debtor 1 Sharon Butcher 4.1 **Creditors Collection Bureau** 3365 \$51.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 63 When was the debt incurred? Kankakee, IL 60901-0063 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Discover Financial** 8241 \$2,903.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 1/01/12 Last Active Po Box 3025 When was the debt incurred? 12/24/14 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.1 **EM Strategies** 8462 \$364.00 3 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 366 When was the debt incurred? Hinsdale, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No ☐ Yes ☐ Student loans

Other. Specify

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Entered 04/21/16 11:24:18 Case 16-13607 Doc 1 Filed 04/21/16 Desc Main

Document Page 23 of 51 Case number (if know) Debtor 1 Sharon Butcher 4.1 \$10.00 **Huddleston Medical Services** 8756 Last 4 digits of account number 4 Nonpriority Creditor's Name P.O. Box 3595 When was the debt incurred? Toledo, OH 43607-0495 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Illinois Collection Se** 3230 \$274.00 Last 4 digits of account number Nonpriority Creditor's Name 8231 185th St Ste 100 When was the debt incurred? Opened 2/01/15 Tinley Park, IL 60487 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Joliet Radiological** ☐ Yes Other. Specify Service C Pnc Bank, N.a. 8072 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/01/12 Last Active 1 Financial Pkwy When was the debt incurred? 5/01/13 Kalamazoo, MI 49009 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 24 of 51

| Sharon Butcher   | Case number (if know)   |               |
|--|---|---------------|
| Silver Cross Hospital  | Last 4 digits of account number 1324  | \$123         |
| Nonpriority Creditor's Name<br>1900 Silver Cross Blvd                | When was the debt incurred?   |               |
| New Lenox, IL 60451-9508   |   |               |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |               |
| _  |   |               |
| ■ Debtor 1 only  | Contingent  |               |
| Debtor 2 only  | ☐ Unliquidated  |               |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |               |
| Check if this claim is for a community                               | ☐ Student loans   |               |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |               |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |               |
| Yes  | Other. Specify med bill   |               |
| Southwest Infectious Disease   | Last 4 digits of account number 4431  | \$944         |
| Nonpriority Creditor's Name  |   |               |
| 1051 Essington Rd.   | When was the debt incurred?   |               |
| Suite 210<br>Joliet, IL 60435  |   |               |
| Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |               |
| Who incurred the debt? Check one.                                    | ,   |               |
| ■ Debtor 1 only  | ☐ Contingent  |               |
| ☐ Debtor 2 only  | ☐ Unliquidated  |               |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |               |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |               |
| debt Is the claim subject to offset?                                 | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |               |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |               |
| Yes  | Other. Specify  |               |
| United Collection Bureau inc.  | Last 4 digits of account number 3816  | \$1,87        |
| Nonpriority Creditor's Name<br>5620 Southwyck Blvd #206              | When was the debt incurred?   | <b>V</b> 1,01 |
| Toledo, OH 43614   | - Acceptate the control of the state of the |               |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |               |
| ■ Debtor 1 only  | ☐ Contingent  |               |
| Debtor 2 only  | ☐ Unliquidated  |               |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |               |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |               |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |               |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not   |               |
| Is the claim subject to offset?                                      | report as priority claims   |               |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |               |
| □ Yes  | Other Specific  |               |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 25 of 51
Case number (if know)

| DCDIO          | Sharon Butcher  |  | Oasc Halli            | DCI (II KIIOW)                           |                   |
|----------------|---|--|-----------------------|--|-------------------|
| 4.2<br>0       | Wayne Williamson  | Last 4 digits of account num   | ber 8386              |  | \$360.90          |
|                | Nonpriority Creditor's Name P.O. Box 819 Anticolo II, 60003   | When was the debt incurred   | ?                     |  |                   |
|                | Antioch, IL 60002  Number Street City State Zlp Code  | As of the date you file, the cl  | aim is: Check all t   | that apply                               |                   |
|                | Who incurred the debt? Check one.   | no or the date you me, the or  | ann ioi onook an      | ших арргу                                |                   |
|                | Debtor 1 only   | ☐ Contingent   |                       |  |                   |
|                | Debtor 2 only   | ☐ Unliquidated   |                       |  |                   |
|                | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                       |  |                   |
|                | ☐ At least one of the debtors and another   | Type of NONPRIORITY unse   | cured claim:          |  |                   |
|                | ☐ Check if this claim is for a community  | ☐ Student loans  |                       |  |                   |
|                | debt Is the claim subject to offset?  | ☐ Obligations arising out of a report as priority claims                           | separation agreer     | ment or divorce that you did not         |                   |
|                | ■ No  | Debts to pension or profit-s   | haring plans, and     | other similar debts                      |                   |
|                | Yes   | Other. Specify   |                       |  |                   |
| 4.2            | Will County Health Dept   | Last 4 digits of account num   | her 0575              |  | \$81.00           |
| 1              | Nonpriority Creditor's Name   |  |                       |  | *******           |
|                | 501 Ella Avenue<br>Joliet, IL 60433   | When was the debt incurred   | _                     |  |                   |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the cl  | aim is: Check all     | that apply                               |                   |
|                | Debtor 1 only   | ☐ Contingent   |                       |  |                   |
|                | ☐ Debtor 2 only   | ☐ Unliquidated   |                       |  |                   |
|                | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                       |  |                   |
|                | lacksquare At least one of the debtors and another  | Type of NONPRIORITY unser  | cured claim:          |  |                   |
|                | ☐ Check if this claim is for a community  | Student loans  |                       |  |                   |
|                | debt Is the claim subject to offset?  | Obligations arising out of a report as priority claims                             | separation agreer     | ment or divorce that you did not         |                   |
|                | No  | Debts to pension or profit-s   | haring plans, and     | other similar debts                      |                   |
|                | Yes   | _  |                       | outor ominar doore                       |                   |
|                | <u></u>   |  |                       |  |                   |
| Part 3         |   | -  |                       |  |                   |
| is try<br>have | his page only if you have others to be notified<br>ing to collect from you for a debt you owe to a<br>more than one creditor for any of the debts the<br>led for any debts in Parts 1 or 2, do not fill out | someone else, list the original credit<br>nat you listed in Parts 1 or 2, list the | or in Parts 1 or 2    | , then list the collection agency here.  | Similarly, if you |
|                | and Address   | On which entry in Part 1 or Part 2 did   |                       |  |                   |
|                | Hasenmiller Liebsker & Moore outh LaSalle Street #2200  | Line 4.5 of (Check one):   |                       | ditors with Priority Unsecured Claims    |                   |
|                | ago, IL 60603   |  | Part 2: Cred          | ditors with Nonpriority Unsecured Claims |                   |
|                |   | Last 4 digits of account number  |                       |  |                   |
|                | and Address<br>& Gaines P.C.  | On which entry in Part 1 or Part 2 did   |                       |  |                   |
|                | Silen Avenue  | Line 4.12 of (Check one):  |                       | ditors with Priority Unsecured Claims    |                   |
|                | eling, IL 60090   |  | ■ Part 2: Cred        | ditors with Nonpriority Unsecured Claims |                   |
|                |   | Last 4 digits of account number  | 8079                  |  |                   |
|                | and Address   | On which entry in Part 1 or Part 2 did   |                       |  |                   |
|                | al Credit & Collections Corp.   | Line 4.9 of (Check one):   |                       | ditors with Priority Unsecured Claims    |                   |
| Suite          | N. Cumberland<br>300  |  | Part 2: Cred          | ditors with Nonpriority Unsecured Claims |                   |
|                | ago, IL 60656   |  |                       |  |                   |
|                |   | Last 4 digits of account number  |                       |  |                   |
|                | and Address   | On which entry in Part 1 or Part 2 did   | I you list the origin | al creditor?                             |                   |
| NES (          | of Ohio   | Line <b>4.2</b> of (Check one):  |                       | ditors with Priority Unsecured Claims    |                   |

Official Form 106 E/F

2479 Edison Blvd Unit A

■ Part 2: Creditors with Nonpriority Unsecured Claims

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 26 of 51

Case number (if know) Debtor 1 Sharon Butcher Twinsburg, OH 44087-2340 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Northland Group Inc. Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. box 390905 ■ Part 2: Creditors with Nonpriority Unsecured Claims Minneapolis, MN 55439 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Northland Group Inc. Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. box 390905 ■ Part 2: Creditors with Nonpriority Unsecured Claims Minneapolis, MN 55439 Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                    |     |  |     |             | Total Claim |
|--------------------|-----|--|-----|-------------|-------------|
|                    | 6a. | Domestic support obligations   | 6a. | \$          | 0.00        |
| Total              |     |  |     |             |             |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government   | 6b. | \$          | 0.00        |
|                    | 6c. | Claims for death or personal injury while you were intoxicated   | 6c. | \$          | 0.00        |
|                    | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d. | \$          | 0.00        |
|                    |     |  |     | · —         |             |
|                    | 6e. | Total Priority. Add lines 6a through 6d.   | 6e. | <b>.</b>    | 0.00        |
|                    | 06. | Total Friority. Add lines od tillough od.  | oe. | <b>&gt;</b> | 0.00        |
|                    |     |  |     |             |             |
|                    | 6f. | Student loans  | 6f. | \$          | Total Claim |
| Total              | OI. | ottuent loans  | OI. | Φ           | 0.00        |
| claims             |     |  |     |             |             |
| from Part 2        | 6g. | Obligations arising out of a separation agreement or divorce that  | 6g. | \$          | 0.00        |
|                    | 6h. | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$          | 0.00        |
|                    | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount                                     | 6i. | Ψ           |             |
|                    | Oi. | here.  | Oi. | \$          | 40,796.89   |
|                    |     |  |     |             |             |
|                    | 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$          | 40,796.89   |
|                    |     |  |     |             |             |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

|   |                         | DOGUITIE          | III Paue // UIS |                                      |
|---|-------------------------|-------------------|-----------------|--------------------------------------|
| Fill in this infor                      | mation to identify your | case:             |                 |                                      |
| Debtor 1                                | Sharon Butcher          |                   |                 |                                      |
|   | First Name              | Middle Name       | Last Name       |                                      |
| Debtor 2                                |                         |                   |                 |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name       |                                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS     |                                      |
| Case number (if known)                  |                         |                   |                 | ☐ Check if this is ar amended filing |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the<br>er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
|     | •         |              |  |                   |   |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

|  |   | Docume   | <u>ent Pade 28 d</u>   | ול זו  |   |
|--|---|--|--|--|---|
| Fill in this i   | nformation to identify your                                       |  |  |  |   |
| Debtor 1   | Sharon Butcher  |  |  |  |   |
|  | First Name  | Middle Name  | Last Name  |  |   |
| Debtor 2<br>(Spouse if, filing   | r) First Name   | Middle Name  | Last Name  |  |   |
|  |   | NORTHERN DISTRICT  |  |  |   |
| United State   | es Bankruptcy Court for the:                                      | NORTHERN DISTRICT  | OF ILLINOIS  |  |   |
| Case number  | er  |  |  |  | Chook if this is an   |
| (ii kilowii)   |   |  |  |  | Check if this is an amended filing  |
|  |   |  |  |  | v   |
| Official   | Form 106H   |  |  |  |   |
| Schedi   | ule H: Your Cod   | ebtors   |  |  | 12/15   |
| 1. Do you No Yes 2. With Arizona No. O Yes. 3. In Column line 2 Form 1 | 2 again as a codebtor only i<br>06D), Schedule E/F (Officia       | you are filing a joint case, you are filing a joint case, or legal equivalent live cors. Do not include your f that person is a guaran | operty state or territor<br>erto Rico, Texas, Wash<br>with you at the time?<br>spouse as a codebtor<br>tor or cosigner. Make | ry? (Community property ington, and Wisconsin.)  r if your spouse is filing sure you have listed the | states and territories include with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| out Col  | lumn 2.   |  |  |  |   |
|  | Column 1: Your codebtor<br>ame, Number, Street, City, State and Z | IP Code  |  | Column 2: The cred Check all schedules   | ditor to whom you owe the debt sthat apply:   |
| 0.4  |   |  |  | По в г   |   |
| 3.1 <sub>N</sub>   | ame   |  |  | ☐ Schedule D, line ☐ Schedule E/F. lir   |   |
|  |   |  |  | ☐ Schedule C, line   |   |
| N  | umber Street  |  |  | <u> </u>   |   |
|  | ity   | State  | ZIP Code   |  |   |
| 3.2  |   |  |  | ☐ Schedule D, line   |   |
|  | ame   |  |  | Schedule E/F, lir  |   |
|  |   |  |  | ☐ Schedule G, line   |   |
| N  | umber Street  |  |  | _  |   |
|  | ity   | State  | ZIP Code   |  |   |

# Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 29 of 51

| Fill               | in this information to identify your o  | rase:   |  |                     |                | I                  |                        |   |                                  |                 |
|--------------------|---|---|--|---------------------|----------------|--------------------|------------------------|---|----------------------------------|-----------------|
|                    | otor 1 Sharon But   |   |  |                     |                |                    |                        |   |                                  |                 |
|                    | otor 2<br>use, if filing)   |   |  |                     | _              |                    |                        |   |                                  |                 |
| Uni                | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC   | CT OF ILLINOIS                             |                     |                |                    |                        |   |                                  |                 |
| (If kr             | fficial Form 106I   |   |  |                     |                | ☐ Ar<br>☐ A<br>13  |                        | d filing<br>ent showing<br>as of the fo | g postpetition<br>ollowing date: |                 |
| S                  | chedule I: Your Inc   | ome   |  |                     |                |                    |                        |   |                                  | 12/15           |
| sup<br>spo<br>atta | es complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment  Fill in your employment | are married and not filli<br>ur spouse is not filing wi<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse<br>ide infor | is liv<br>mati | ing with yon about | you, inclu<br>your spo | ude inforn<br>ouse. If mo               | nation about<br>ore space is     | your<br>needed, |
|                    | information.  |   | Debtor 1                                   |                     |                |                    | Debtor 2               | or non-fi                               | ling spouse                      |                 |
|                    | If you have more than one job, attach a separate page with information about additional employers.  | Employment status  Occupation   | ☐ Employed ■ Not employed                  |                     |                |                    | ☐ Emplo                | -                                       |                                  |                 |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name   |  |                     |                |                    |                        |   |                                  |                 |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address  |  |                     |                |                    |                        |   |                                  |                 |
|                    |   | How long employed to  | here?                                      |                     |                |                    | _                      |   |                                  |                 |
| Par                | t 2: Give Details About Mo  | nthly Income  |  |                     |                |                    |                        |   |                                  |                 |
| spou<br>If yo      | mate monthly income as of the cuse unless you are separated.  u or your non-filing spouse have me space, attach a separate sheet to   | ore than one employer, co   | , c  | ·                   |                | ·                  |                        |   | ·                                | J               |
|                    |   |   |  |                     |                | For Deb            | tor 1                  |   | btor 2 or<br>ng spouse           |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |   |  | 2.                  | \$             |                    | 0.00                   | \$                                      | N/A                              |                 |
| 3.                 | Estimate and list monthly over  | time pay.   |  | 3.                  | +\$            |                    | 0.00                   | +\$                                     | N/A                              |                 |
| 4.                 | Calculate gross Income. Add li  | ne 2 + line 3.  |  | 4.                  | \$             |                    | 0.00                   | \$                                      | N/A                              |                 |

# Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 30 of 51

| Deb | tor 1              | Sharon Butcher   | -          | C    | ase number ( <i>if kno</i> | own) |            |                    |                   |              |
|-----|--------------------|--|------------|------|----------------------------|------|------------|--------------------|-------------------|--------------|
|     |                    |  |            |      | For Debtor 1               |      | non-       | Debtor<br>filing s | pouse             |              |
|     | Cop                | by line 4 here   | 4.         | ,    | <b>0</b>                   | .00  | \$         |                    | N/A               |              |
| 5.  | List               | all payroll deductions:  |            |      |                            |      |            |                    |                   |              |
|     | 5a.                | Tax, Medicare, and Social Security deductions  | 5a.        | . 9  | <b>o</b>                   | .00  | \$         |                    | N/A               |              |
|     | 5b.                | Mandatory contributions for retirement plans   | 5b         | . 9  | <b>0</b>                   | .00  | \$         |                    | N/A               |              |
|     | 5c.                | Voluntary contributions for retirement plans   | 5c.        | . 9  | 0                          | .00  | \$         |                    | N/A               |              |
|     | 5d.                | Required repayments of retirement fund loans   | 5d         |      |                            | .00  | \$         |                    | N/A               |              |
|     | 5e.                | Insurance  | 5e.        |      | . —                        | .00  | \$         |                    | N/A               |              |
|     | 5f.                | Domestic support obligations   | 5f.        |      |                            | .00  | \$         |                    | N/A               |              |
|     | 5g.<br>5h.         | Union dues Other deductions. Specify:  | 5g.<br>5h. |      |                            | .00  | \$<br>+ \$ |                    | N/A<br>N/A        |              |
| •   |                    | • • •  | _          |      | ·                          |      | · : —      | -                  |                   |              |
| 6.  |                    | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$   |                            | .00  | \$         |                    | N/A               |              |
| 7.  | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$   | . 0                        | .00  | \$         |                    | N/A               |              |
| 8.  | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 8a.        | . (  | \$ <b>0</b>                | .00  | \$         |                    | N/A               |              |
|     | 8b.                | Interest and dividends   | 8b.        | . 9  |                            | .00  | \$         |                    | N/A               |              |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | . (  | \$ <b>0</b>                | .00  | \$         |                    | N/A               |              |
|     | 8d.                | Unemployment compensation  | 8d.        | . :  | 0                          | .00  | \$         |                    | N/A               |              |
|     | 8e.                | Social Security  | 8e.        | . :  | § 488                      | .00  | \$         |                    | N/A               |              |
|     | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f.        |      |                            | .00  | \$         |                    | N/A               |              |
|     | 8g.<br>8h.         | Other monthly income. Specify:   | 8g.<br>8h. |      | ,                          | .00  | · · ·      |                    | N/A<br>N/A        |              |
|     | OII.               | Other monthly months. Specify.   | _ 011      | .Ŧ , | <b>.</b>                   | .00  | ΤΨ         |                    | IN/A              | 7            |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$   | 488                        | .00  | \$         |                    | N/A               |              |
| 10. | Cal                | culate monthly income. Add line 7 + line 9.  | 10.        | \$   | 488.00                     | + \$ |            | N/A                | = \$              | 488.00       |
|     |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            | _    |                            | ' -  |            |                    | * —               | 100.00       |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:                           | depe       |      |                            |      |            | chedule<br>11.     |                   | 0.00         |
| 12. |                    | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain lies  |            |      |                            |      |            | 12.                | \$                | 488.00       |
| 13. | Do :               | you expect an increase or decrease within the year after you file this form No.  | ?          |      |                            |      |            |                    | Combin<br>monthly | ed<br>income |
|     |                    | Voc Evolain  |            |      |                            |      |            |                    |                   | 1            |

# Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 31 of 51

| Fills      | in this informe               | tion to identify yo                   | our caso:      |   |   |                 |                                 |                               |      |  |  |
|------------|-------------------------------|---------------------------------------|----------------|---|---|-----------------|---------------------------------|-------------------------------|------|--|--|
|            |                               |                                       |                |   |   | 0.1             |                                 |                               |      |  |  |
| Deb        | tor 1                         | Sharon Buto                           | her            |   |   |                 | k if this is: An amended filing |                               |      |  |  |
| Deb        | tor 2                         |                                       |                |   |   | _               | J                               | ving postpetition chapte      | er   |  |  |
| (Spo       | ouse, if filing)              |                                       |                |   |   |                 | 13 expenses as of               | the following date:           |      |  |  |
| Unit       | ed States Bankr               | ruptcy Court for the                  | : NORTH        | ERN DISTRICT OF ILLING  | OIS                                     | MM / DD / YYYY  |                                 |                               |      |  |  |
| l          | e numbe <b>r</b><br>nown)     |                                       |                |   |   |                 |                                 |                               |      |  |  |
| Of         | fficial Fo                    | rm 106J                               |                |   |   |                 |                                 |                               |      |  |  |
| So         | chedule                       | J: Your                               | Exper          | ises  |   |                 |                                 | 1:                            | 2/15 |  |  |
| info       | ormation. If m                |                                       | eded, atta     | . If two married people ar<br>ch another sheet to this t<br>n.            |   |                 |                                 |                               |      |  |  |
|            |                               | ibe Your House                        | ehold          |   |   |                 |                                 |                               |      |  |  |
| 1.         | Is this a joir                |                                       |                |   |   |                 |                                 |                               |      |  |  |
|            | ■ No. Go to □ Yes. <b>Doe</b> |                                       | in a separ     | ate household?  |   |                 |                                 |                               |      |  |  |
|            | □N                            |                                       |                |   |   |                 |                                 |                               |      |  |  |
|            |                               |                                       | st file Offici | al Form 106J-2, <i>Expenses</i>   | for Separate House                      | hold of Debt    | or 2.                           |                               |      |  |  |
| 2.         | Do you have                   | e dependents?                         | ■ No           |   |   |                 |                                 |                               |      |  |  |
|            | Do not list D<br>Debtor 2.    | ebtor 1 and                           | ☐ Yes.         | Fill out this information for each dependent                              | Dependent's relation Debtor 1 or Debtor |                 | Dependent's age                 | Does dependent live with you? |      |  |  |
|            | Do not state                  | the                                   |                |   |   |                 |                                 | □ No                          |      |  |  |
|            | dependents                    | names.                                |                |   |   |                 |                                 | ☐ Yes                         |      |  |  |
|            |                               |                                       |                |   |   |                 |                                 | □ No                          |      |  |  |
|            |                               |                                       |                |   |   |                 |                                 | ☐ Yes<br>☐ No                 |      |  |  |
|            |                               |                                       |                |   |   |                 |                                 | ⊔ No<br>□ Yes                 |      |  |  |
|            |                               |                                       |                |   |   |                 |                                 | □ res                         |      |  |  |
|            |                               |                                       |                |   |   |                 |                                 | ☐ Yes                         |      |  |  |
| 3.         |                               | enses include                         |                | No  |   |                 |                                 |                               |      |  |  |
|            |                               | f people other t<br>d your depende    |                | Yes   |   |                 |                                 |                               |      |  |  |
|            | <u> </u>                      |                                       |                |   |   |                 |                                 |                               |      |  |  |
| Est<br>exp | imate your ex                 |                                       | our bankr      | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |   |                 |                                 |                               |      |  |  |
| the        |                               | h assistance an                       |                | government assistance it<br>cluded it on <i>Schedule I:</i> Y             |   |                 | Your expe                       | enses                         |      |  |  |
| ,511       | 1 0/111 10                    | ,                                     |                |   |   |                 | -                               |                               |      |  |  |
| 4.         |                               | or home owners<br>and any rent for th |                | ses for your residence. In<br>r lot.                                      | nclude first mortgage                   | 4. \$           |                                 | 0.00                          |      |  |  |
|            | If not includ                 | led in line 4:                        |                |   |   |                 |                                 |                               |      |  |  |
|            | 4a. Real e                    | estate taxes                          |                |   |   | 4a. \$          |                                 | 0.00                          |      |  |  |
|            | 4b. Prope                     | rty, homeowner's                      | s, or renter   | 's insurance  |   | 4b. \$          |                                 | 0.00                          |      |  |  |
|            |                               |                                       | •              | ipkeep expenses   |   | 4c. \$          |                                 | 0.00                          |      |  |  |
| _          |                               | owner's associat                      |                |   | ma aquitu la ara                        | 4d. \$<br>5. \$ |                                 | 0.00                          |      |  |  |
| IJ.        | AUGITIONALI                   | nortuaue pavmo                        | ems for VO     | <b>our residence</b> , such as ho   | me equity loans                         | ე. გ            |                                 | 0.00                          |      |  |  |

# Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 32 of 51

| Debtor 1      | Sharon Bu                       | ıtcher  | Case num             | nber (if known)     |                       |
|---------------|---------------------------------|---|----------------------|---------------------|-----------------------|
| 6. <b>Uti</b> | lities:                         |   |                      |                     |                       |
| 6a.           |                                 | eat, natural gas  | 6a.                  | \$                  | 0.00                  |
| 6b.           | •                               | r, garbage collection   | 6b.                  |                     | 0.00                  |
| 6c.           |                                 | cell phone, Internet, satellite, and cable services                           | 6c.                  | ·                   | 80.00                 |
| 6d.           | •                               | •   | 6d.                  | ·                   | 0.00                  |
|               |                                 | eeping supplies   | 7.                   |                     | 250.00                |
|               |                                 | Idren's education costs   | 8.                   | ·                   | 0.00                  |
| _             |                                 |   | 9.                   | ·                   |                       |
|               |                                 | , and dry cleaning<br>oducts and services                                     | 9.<br>10.            | ·                   | 0.00                  |
|               | •                               |   |                      | ·                   | 20.00                 |
|               | dical and denta                 | •   | 11.                  | \$                  | 50.00                 |
|               | nsportation. In not include car | nclude gas, maintenance, bus or train fare.                                   | 12.                  | \$                  | 120.00                |
|               |                                 | ubs, recreation, newspapers, magazines, and books                             | 13.                  | ·                   | 0.00                  |
|               |                                 | outions and religious donations   | 14.                  | · -                 | 0.00                  |
|               | aritable contrit<br>surance.    | outions and religious donations   | 14.                  | Ψ                   | 0.00                  |
|               |                                 | urance deducted from your pay or included in lines 4 or 20                    |                      |                     |                       |
|               | a. Life insuranc                |   | 15a.                 | \$                  | 0.00                  |
|               | o. Health insura                |   | 15b.                 | ·                   | 0.00                  |
| _             | c. Vehicle insu                 |   | 15c.                 | ·                   | 0.00                  |
|               |                                 |   | 15d.<br>15d.         |                     |                       |
|               | d. Other insura                 |   |                      | Ψ                   | 0.00                  |
| _             | ecify:                          | ude taxes deducted from your pay or included in lines 4 o                     | 20.<br>16.           | \$                  | 0.00                  |
|               | tallment or lea                 | se navments:  |                      | Ψ                   | 0.00                  |
|               | a. Car paymen                   |   | 17a.                 | \$                  | 0.00                  |
|               | o. Car paymen                   |   | 17b.                 | · <u> </u>          | 0.00                  |
|               | c. Other. Speci                 |   | 17c.                 | ·                   | 0.00                  |
|               | d. Other. Speci                 | -   | 17c.<br>17d.         | · ·                 |                       |
|               |                                 | iy.<br>f alimony, maintenance, and support that you did not                   |                      | Φ                   | 0.00                  |
|               |                                 | our pay on line 5, <i>Schedule I, Your Income</i> (Official Fo                |                      | \$                  | 0.00                  |
|               |                                 | ou make to support others who do not live with you.                           | 1001).               | \$                  | 0.00                  |
|               | ecify:                          | ,   | 19.                  | <u> </u>            | 0.00                  |
|               | · —                             | ty expenses not included in lines 4 or 5 of this form o                       |                      | our Income.         |                       |
|               |                                 | n other property  | 20a.                 |                     | 0.00                  |
|               | o. Real estate t                |   | 20b.                 |                     | 0.00                  |
|               |                                 | meowner's, or renter's insurance  | 20c.                 | ·                   | 0.00                  |
|               |                                 | e, repair, and upkeep expenses  | 20d.                 |                     | 0.00                  |
|               |                                 | 's association or condominium dues  | 20e.                 |                     | 0.00                  |
| _             |                                 | s association of condominatin dues  |                      | · -                 |                       |
| . Oti         | ner: Specify:                   |   |                      | +\$                 | 0.00                  |
| 2. <b>Ca</b>  | lculate your mo                 | onthly expenses   |                      |                     |                       |
| 22            | a. Add lines 4 th               | rough 21.   |                      | \$                  | 520.00                |
| 22            | o. Copy line 22 (               | (monthly expenses for Debtor 2), if any, from Official Form                   | 106J-2               | \$                  |                       |
|               |                                 | and 22b. The result is your monthly expenses.                                 |                      | \$                  | 520.00                |
| 22(           | nuu iii le 22a a                | and 225. The result is your monthly expenses.                                 |                      |                     | 320.00                |
| 3. <b>Ca</b>  | lculate your mo                 | onthly net income.  |                      |                     |                       |
| 23            | a. Copy line 12                 | (your combined monthly income) from Schedule I.                               | 23a.                 | \$                  | 488.00                |
|               |                                 | nonthly expenses from line 22c above.   | 23b.                 | -\$                 | 520.00                |
|               |                                 |   |                      |                     |                       |
| 230           |                                 | r monthly expenses from your monthly income.                                  | _                    |                     | 20.00                 |
|               | The result is                   | your monthly net income.  | 23c.                 | \$                  | -32.00                |
|               | _                               |   |                      |                     |                       |
|               |                                 | increase or decrease in your expenses within the year                         |                      |                     | or docroses because a |
|               |                                 | expect to finish paying for your car loan within the year or do you mortgage? | expect your mortgage | payment to increase | or decrease decause o |
|               |                                 | mo or your moregage:  |                      |                     |                       |
|               | No.                             |   |                      |                     |                       |
|               | Yes.                            | Explain here:   |                      |                     |                       |

# Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 33 of 51

| Fill in this info                                     | rmation to identify your   | case.  |                            |                         |   |  |  |  |  |  |  |
|---|--|--|----------------------------|-------------------------|---|--|--|--|--|--|--|
|   |  | case.  |                            |                         |   |  |  |  |  |  |  |
| Debtor 1  | Sharon Butcher First Name  | Middle Name                                  | Last Name                  |                         |   |  |  |  |  |  |  |
| Debtor 2  |  |  |                            |                         |   |  |  |  |  |  |  |
| (Spouse if, filing)                                   | First Name   | Middle Name                                  | Last Name                  |                         |   |  |  |  |  |  |  |
| United States B                                       | ankruptcy Court for the:   | NORTHERN DISTRIC                             | CT OF ILLINOIS             |                         |   |  |  |  |  |  |  |
| Case number   |  |  |                            |                         | Charle if this is an  |  |  |  |  |  |  |
| (II KIIOWII)  |  |  |                            |                         | Check if this is an amended filing  |  |  |  |  |  |  |
| You must file th<br>obtaining mone<br>years, or both. | is form whenever you fi  | le bankruptcy schedulen connection with a ba |                            | s. Making a false state | ement, concealing property, or<br>00, or imprisonment for up to 20          |  |  |  |  |  |  |
| Did you pa  | ay or agree to pay some  | one who is NOT an atte                       | orney to help you fill out | bankruptcy forms?       |   |  |  |  |  |  |  |
| ■ No  |  |  |                            |                         |   |  |  |  |  |  |  |
| ☐ Yes.  | Name of person   |  |                            |                         | kruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |  |  |  |  |  |  |
| •   | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |  |                            |                         |   |  |  |  |  |  |  |

X /s/ Sharon Butcher Sharon Butcher

Signature of Debtor 1

Date April 21, 2016

Signature of Debtor 2

Date

# Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 34 of 51

| Fill  | in this infor              | mation to identify you           | r case:                                    |   |  |   |
|-------|----------------------------|----------------------------------|--|---|--|---|
| Deb   | otor 1                     | Sharon Butcher                   |  |   |  |   |
| Dak   | -4 0                       | First Name                       | Middle Name                                | Last Name   |  |   |
|       | otor 2<br>ouse if, filing) | First Name                       | Middle Name                                | Last Name   |  |   |
| Uni   | ted States Ba              | ankruptcy Court for the:         | NORTHERN DISTRICT                          | OF ILLINOIS   |  |   |
|       | se number _                |                                  |  |   |  | Check if this is an amended filing                    |
| Sta   | as complete                | of Financial                     | ble. If two married people                 | duals Filing for B are filing together, both are this form. On the top of an                | equally responsible for s                  |   |
|       |                            | n). Answer every que             |  |   | ,  |   |
| Par   | t 1: Give I                | Details About Your Ma            | rital Status and Where You                 | ı Lived Before  |  |   |
| 1.    | What is you                | ır current marital statı         | ıs?  |   |  |   |
|       | ☐ Married                  | I                                |  |   |  |   |
|       | ■ Not ma                   |                                  |  |   |  |   |
| 2.    | During the I               | ast 3 years have you             | lived anywhere other than                  | where you live now?   |  |   |
|       | During the l               | ast o years, nave yea            | inved any where other than                 | where you live now.   |  |   |
|       | ■ No                       |                                  |  |   |  |   |
|       | ☐ Yes. Lis                 | st all of the places you l       | ived in the last 3 years. Do n             | ot include where you live now   | V.   |   |
|       | Debtor 1 P                 | rior Address:                    | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | ldress:                                    | Dates Debtor 2 lived there                            |
| 3.    |                            |                                  |  | gal equivalent in a commun  |  |   |
| state | es and territor            | <i>ies</i> include Arizona, Ca   | iliornia, idano, Louisiana, Ne             | vada, New Mexico, Puerto R  | ico, rexas, wasnington and                 | i vvisconsin.)  |
|       | ■ No                       |                                  |  |   |  |   |
|       | ☐ Yes. Ma                  | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O                | fficial Form 106H).   |  |   |
| Par   | t 2 Expla                  | in the Sources of You            | r Income                                   |   |  |   |
| 4.    | Fill in the tot            | al amount of income yo           | u received from all jobs and               | ng a business during this yeall businesses, including partie together, list it only once ur | -time activities.                          | lendar years?   |
|       | ■ No □ Yes. Fi             | Il in the details.               |  |   |  |   |
|       |                            |                                  | Debtor 1                                   |   | Debtor 2                                   |   |
|       |                            |                                  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|       |                            |                                  |  |   |  |   |

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 35 of 51 Case number (if known)

| 5. Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  |   |  |   |   |  |   |  |   |  |   |
|--|---|--|---|---|--|---|--|---|--|---|
|  | List each                                 | source and t   | he gross inco   | me from ea  | ach source separa  | ately. Do n   | ot include income  | that you listed in lin                      | ie 4.  |   |
|  | □ No                                      |  |   |   |  |   |  |   |  |   |
|  | Yes.                                      | Fill in the de   | tails.  |   |  |   |  |   |  |   |
|  |   |  |   | Debtor 1  |  |   |  | Debtor 2                                    |  |   |
|  |   |  |   |   | of income<br>below.  | each  | s income from<br>source<br>e deductions and<br>iions)  | Sources of inc<br>Describe below            |  | Gross income<br>(before deductions<br>and exclusions) |
|  |   | y 1 of currei<br>filed for bar   | nt year until<br>kruptcy:   | SSI Bene  | efits  |   | \$1,890.00   |   |  |   |
|  | r last calei<br>anuary 1 to               | ndar year:<br>December   | 31, 2015 )  | SSI Bend  | efits  |   | \$5,600.00   |   |  |   |
|  |   | dar year be<br>December  |   | SSI Bene  | efits  |   | \$5,600.00   |   |  |   |
| paid that creditor. In not include paymer * Subject to adjustment on 4/0  Yes. Debtor 1 or Debtor 2 or both During the 90 days before your No. Go to line 7.  Yes List below each credit in the subject to adjustment on 4/0  **The subject to adjustment on 4/0  **The subject to adjustment on the subject to adjustment on 4/0  **The subject t |   | each creditor you filed to a very you filed to | imarily consumers primarily consider to whom you part of an attorney for to whom you part of to whom you part of the attorney for the attorney | er debts? cumer deb bld purpos did you pay aid a total o this bankri rs after the umer deb did you pay aid a total o bobligations | ts. Consumer debe."  y any creditor a total of \$6,425* or more mestic support obliuptcy case. at for cases filed or ts. y any creditor a total of \$600 or more an a, such as child sup | al of \$6,425* or moin one or more pay gations, such as change of all of \$600 or more?  In the total amount oport and alimony. | re?  rments and the support an | ne total amount you<br>nd alimony. Also, do |  |   |
|  | O. Gailto.                                | 's Name and  | . 7.uu.000  |   | Dates of payme   | 0111  | paid   | still owe                                   | True tine p                                      | , ay  |
| 7.   | Insiders in of which y a busines alimony. | nclude your r<br>rou are an of<br>s you operat   | elatives; any ficer, director   | general par<br>, person in<br>roprietor. 11   | rtners; relatives of control, or owner   | ral partners; partne<br>more of their votin   |  | u are a gene<br>ny managing                 | ral partner; corporation agent, including one fo |   |
|  |   | Name and   |   |   | Dates of payme   | ent   | Total amount paid  | Amount you still owe                        | Reason fo  | r this payment  |
|  |   |  |   |   |  |   | •  |   |  |   |

Entered 04/21/16 11:24:18 Desc Main Case 16-13607 Doc 1 Filed 04/21/16 Page 36 of 51
Case number (if known) Document

Debtor 1 Sharon Butcher

| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited ar insider? Include payments on debts guaranteed or cosigned by an insider.  No   |                        |                       |                      |                         |                          |
|-----|---|------------------------|-----------------------|----------------------|-------------------------|--------------------------|
|     | ☐ Yes. List all payments to an insider  |                        |                       |                      |                         |                          |
|     | Insider's Name and Address  | Dates of payment       | Total amount paid     | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: Identify Legal Actions, Repossessic  | ons, and Foreclosures  | ·                     |                      |                         |                          |
| 9.  | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. |                        |                       |                      |                         |                          |
|     | ■ No □ Yes. Fill in the details.  |                        |                       |                      |                         |                          |
|     | Case title Case number  | Nature of the case     | Court or agency       |                      | Status of th            | e case                   |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  No. Go to line 11.  |                        |                       |                      |                         |                          |
|     | Yes. Fill in the information below.   |                        |                       |                      |                         |                          |
|     | Creditor Name and Address   | Describe the Propert   | Describe the Property |                      | Date Value o            |                          |
|     | order realise and readings  | Explain what happer    | Julo                  |                      | property                |                          |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  |                        |                       |                      |                         |                          |
|     | Creditor Name and Address   | Describe the action to | he creditor took      | Date taken           | action was              | Amount                   |
|     | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No  |                        |                       |                      |                         |                          |
|     | ☐ Yes   |                        |                       |                      |                         |                          |
|     | t 5: List Certain Gifts and Contributions   |                        |                       |                      |                         |                          |
|     |   |                        |                       |                      |                         |                          |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  |                        |                       |                      |                         |                          |
|     | Gifts with a total value of more than \$600 per person  | Describe the gif       | its                   | Dates<br>the g       | s you gave              | Value                    |
|     | Person to Whom You Gave the Gift and Address:   |                        |                       |                      |                         |                          |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No   |                        |                       |                      |                         |                          |
|     | Yes. Fill in the details for each gift or co  | ntribution.            |                       |                      |                         |                          |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)  |                        | ou contributed        | Dates                | s you<br>ibuted         | Value                    |
| Par | t 6: List Certain Losses  |                        |                       |                      |                         |                          |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main

Page 37 of 51 Case number (if known) Document Debtor 1 Sharon Butcher or gambling? Nο Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Law offices of Ronald D. Cummings **Attorney Fees** \$895.00 22600 Deer Path Lane Plainfield, IL 60544 bankruptcylawyer@sbcglobal.net 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Date transfer was Describe any property or **Address** property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Name of trust

Yes. Fill in the details.

Description and value of the property transferred

beneficiary? (These are often called asset-protection devices.)

**Date Transfer was** 

made

Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Case 16-13607 Page 38 of 51
Case number (if known) Document

Debtor 1 **Sharon Butcher** 

| Pai | rt 8- List of Cartai  | in Financial Accounts In  | etrumente Sa              | ıfa Danos                            | it Boyes and St              | torage Unit | fe   |               |                                       |
|-----|---|---|---------------------------|--------------------------------------|------------------------------|-------------|--|---------------|---------------------------------------|
|     | List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |   |                           |                                      |                              |             |  |               |                                       |
|     | No No   | anus, cooperatives, asso  | ciations, and             | Other Illia                          | nciai institution            | is.         |  |               |                                       |
|     | Yes. Fill in the details.   |   |                           |                                      |                              |             |  |               |                                       |
|     | Name of Financial<br>Address (Number, St<br>Code)   |   | Last 4 digits account nur |                                      | Type of acco instrument      | unt or      | Date account was closed, sold, moved, or transferred |               | ast balance<br>closing or<br>transfer |
| 21. | Do you now have, cash, or other valu  | or did you have within 1<br>ables?  | year before yo            | ou filed fo                          | r bankruptcy, a              | ny safe de  | posit box or other depo                              | sitory for s  | ecurities,                            |
|     | ■ No<br>□ Yes. Fill in the  | e details.  |                           |                                      |                              |             |  |               |                                       |
|     | Name of Financial<br>Address (Number, St  | Institution treet, City, State and ZIP Code)  | Addres                    | se had ac<br>S (Number,<br>ZIP Code) | cess to it?<br>Street, City, | Describe    | the contents   | Do yo         | ou still<br>it?                       |
| 22. | Have you stored p   | roperty in a storage unit   | or place other            | than you                             | r home within 1              | year befo   | re you filed for bankrup                             | tcy?          |                                       |
|     | No  |   |                           |                                      |                              |             |  |               |                                       |
|     | Yes. Fill in the details.   |   |                           |                                      |                              |             |  |               |                                       |
|     | Name of Storage I<br>Address (Number, St  | Facility<br>treet, City, State and ZIP Code)  | to it?<br>Addres          | se has or<br>S (Number,<br>ZIP Code) | had access<br>Street, City,  | Describe    | the contents   | Do yo have    | ou still<br>it?                       |
| Pa  | rt 9: Identify Prop   | erty You Hold or Contro   | I for Someone             | Else                                 |                              |             |  |               |                                       |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  |   |                           |                                      |                              |             |  |               |                                       |
|     | ■ No<br>□ Yes. Fill in the  | e details.  |                           |                                      |                              |             |  |               |                                       |
|     | Owner's Name<br>Address (Number, St   | treet, City, State and ZIP Code)  |                           | is the pro<br>Street, City,          | perty?<br>State and ZIP      | Describe    | the property   |               | Value                                 |
| Pa  | rt 10: Give Details   | About Environmental Inf   | ormation                  |                                      |                              |             |  |               |                                       |
| For | the purpose of Part   | 10, the following definit   | ions apply:               |                                      |                              |             |  |               |                                       |
|     | toxic substances,   | means any federal, state<br>wastes, or material into t<br>lling the cleanup of thes | he air, land, s           | oil, surfac                          | e water, ground              |             |  |               |                                       |
|     |   | ation, facility, or propert<br>utilize it, including disp                           | -                         | ınder any                            | environmental                | law, wheth  | ner you now own, opera                               | te, or utiliz | e it or used                          |
|     |   | al means anything an env<br>I, pollutant, contaminant                               |                           |                                      | as a hazardous               | s waste, ha | azardous substance, to                               | cic substan   | ce,                                   |
| Rep | oort all notices, relea   | ases, and proceedings th  | at you know a             | about, reg                           | ardless of whe               | n they occ  | urred.   |               |                                       |
| 24. | Has any governme  | ntal unit notified you tha  | it you may be             | liable or p                          | otentially liable            | under or i  | in violation of an enviro                            | nmental lav   | w?                                    |
|     | ■ No  | . dotaile   |                           |                                      |                              |             |  |               |                                       |
|     | Yes. Fill in the  | uetalis.  |                           |                                      |                              |             |  |               |                                       |

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Page 39 of 51
Case number (if known) Document Debtor 1 Sharon Butcher

| 25. Have you notified any governmental unit of any release of hazardous material? |  |  |  |  |                    |  |  |
|---|--|--|--|--|--------------------|--|--|
|   | •  | No   |  |  |                    |  |  |
|   | Ц  | Yes. Fill in the details.  |  |  |                    |  |  |
|   |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                     | Governmental unit Address (Number, Street, City, State and ZIP Code)   | Environmental law, if you know it                      | Date of notice     |  |  |
| 26.   | Hav  | re you been a party in any judicial or ad  | ministrative proceeding under any envir  | ronmental law? Include settlements                     | and orders.        |  |  |
|   |  | No<br>Yes. Fill in the details.  |  |  |                    |  |  |
|   |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Nature of the case                                     | Status of the case |  |  |
| Par   | t 11:  | Give Details About Your Business or  | Connections to Any Business  |  |                    |  |  |
| 27.   | With   | hin 4 years before you filed for bankrup   | otcy, did you own a business or have any   | y of the following connections to an                   | y business?        |  |  |
|   |  | ☐ A sole proprietor or self-employed   | in a trade, profession, or other activity,   | either full-time or part-time                          |                    |  |  |
|   |  | ☐ A member of a limited liability com  | pany (LLC) or limited liability partnershi   | p (LLP)  |                    |  |  |
|   |  | ☐ A partner in a partnership   |  |  |                    |  |  |
|   | ☐ An officer, director, or managing executive of a corporation                   |  |  |  |                    |  |  |
|   | ☐ An owner of at least 5% of the voting or equity securities of a corporation    |  |  |  |                    |  |  |
|   | ■ No. None of the above applies. Go to Part 12.                                  |  |  |  |                    |  |  |
|   | Yes. Check all that apply above and fill in the details below for each business. |  |  |  |                    |  |  |
|   | Business Name  |  | Describe the nature of the business  | Employer Identification number                         |                    |  |  |
|   |  | dress<br>mber, Street, City, State and ZIP Code)                                   | Name of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number or ITIN.    |  |  |
| 28.   |  | hin 2 years before you filed for bankrup<br>itutions, creditors, or other parties. | otcy, did you give a financial statement to  |  | ude all financial  |  |  |
|   |  | No<br>Yes. Fill in the details below.  |  |  |                    |  |  |
|   |  | me<br>dress<br>mber, Street, City, State and ZIP Code)                             | Date Issued  |  |                    |  |  |
| Par   | t 12:  | Sign Below   |  |  |                    |  |  |
| are<br>with   | true a   | and correct. I understand that making a  | inancial Affairs and any attachments, an<br>a false statement, concealing property, c<br>b \$250,000, or imprisonment for up to 20 | or obtaining money or property by fr                   |                    |  |  |
|   |  | ron Butcher<br>n Butcher   | Signature of Debtor 2  |  |                    |  |  |
| _   |  | re of Debtor 1   | Signature of Debtor 2  |  |                    |  |  |
| Dat   | e _/   | April 21, 2016   | Date   |  |                    |  |  |
|   | -  | attach additional pages to Your Statem   | ent of Financial Affairs for Individuals F   | Filing for Bankruptcy (Official Form 1                 | 07)?               |  |  |
|   |  |  |  |  |                    |  |  |
| □ Y   | es   |  |  |  |                    |  |  |
| Did<br>■ N  | •  | pay or agree to pay someone who is no  | ot an attorney to help you fill out bankru   | ptcy forms?  |                    |  |  |
|   |  | Name of Person Attach the Bankr  | uptcy Petition Preparer's Notice, Declaratio   | on, and Signature (Official Form 119).                 |                    |  |  |
|   |  |  | ment of Financial Affairs for Individuals Filing   |  | page (             |  |  |

Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Case 16-13607 Page 40 of 51
Case number (if known) Document

Debtor 1 Sharon Butcher

## Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 41 of 51

|   | Sharon Butcher   |  |  |   |
|---|--|--|--|---|
|   | First Name   | Middle Name  | Last Name  |   |
| Debtor 2  |  |  |  |   |
| Spouse if, filing)  | First Name   | Middle Name  | Last Name  |   |
| Jnited States Ba  | ankruptcy Court for the:   | NORTHERN DISTRICT  | OF ILLINOIS  |   |
| Case number   |  |  |  |   |
| if known)   |  |  |  | ☐ Check if this is an amended filing  |
| lateme  | iii Oi iiileiilic  | on for individu  | als Filing Under   | Chapter 7 12/   |
|   |  |  |  |   |
| you are an ind  | dividual filing under cha  | apter 7, you must fill out t   | his form if:   |   |
|   | dividual filing under cha<br>ve claims secured by yo   |  | his form if:   |   |
| creditors hav   | ve claims secured by yo  |  |  |   |
| creditors have lead ou must file th   | we claims secured by you<br>sed personal property<br>his form with the court we<br>ever is earlier, unless to  | our property, or<br>and the lease has not exp<br>within 30 days after you fi   | ired.<br>le your bankruptcy petition or b  | by the date set for the meeting of creditors<br>copies to the creditors and lessors you l |
| creditors have least ou must file the which on the  | we claims secured by you<br>sed personal property<br>his form with the court we<br>ever is earlier, unless to<br>e form                                | our property, or<br>and the lease has not exp<br>within 30 days after you fi<br>he court extends the time  | ired.<br>le your bankruptcy petition or b<br>for cause. You must also send                                   |   |
| creditors have lead you have lead ou must file the whicher on the two married pages as complete | we claims secured by your sed personal property as form with the court wever is earlier, unless to form becople are filing together and date the form. | our property, or and the lease has not exp within 30 days after you fi he court extends the time er in a joint case, both are ble. If more space is need | ired.<br>le your bankruptcy petition or b<br>for cause. You must also send<br>equally responsible for supply | copies to the creditors and lessors you I   |

 For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                               | _   |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property securing debt:                                   | ☐ Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                               |   |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property  | ☐ Retain the property and [explain]:                               |   |
| securing debt:  |  |   |
| Creditor's  | ☐ Surrender the property.  | □No   |
| name:   | ☐ Retain the property and redeem it.                               |   |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.      | ☐ Yes   |
| property  | ☐ Retain the property and [explain]:                               |   |
| securing debt:  |  |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

# Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 42 of 51

| Debtor 1 Sharon Butcher           |   | Case number (if ka   | nown)                                  |
|-----------------------------------|---|--|--|
| prope                             | iption of   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>                | ☐ Yes                                  |
| n the inf                         | ormation below. Do not list real estate I   | y Leases<br>you listed in Schedule G: Executory Contracts and Unex<br>eases. Unexpired leases are leases that are still in effec<br>y lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe                          | e your unexpired personal property leas   | ses  | Will the lease be assumed?             |
| Lessor's<br>Descripti<br>Property | ion of leased   |  | □ No                                   |
| Lessor's<br>Descripti<br>Property | ion of leased   |  | □ No                                   |
| Lessor's<br>Descripti<br>Property | ion of leased   |  | □ No                                   |
| Lessor's<br>Descripti<br>Property | ion of leased   |  | □ No                                   |
| Lessor's<br>Descripti<br>Property | ion of leased   |  | □ No                                   |
| Lessor's<br>Descripti<br>Property | ion of leased   |  | □ No                                   |
| Lessor's<br>Descripti<br>Property | ion of leased   |  | □ No                                   |
| Part 3:                           | Sign Below enalty of perjury, I declare that I have incented that is subject to an unexpired lease. | dicated my intention about any property of my estate that  |  |
| X <u>/s/</u>                      | Sharon Butcher  | X Signature of Debtor 2  |  |
| Sig                               | nature of Debtor 1  | -  |  |
| Dat                               | e April 21, 2016  | Date   |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-13607 Doc 1 Filed 04/21/16 Entered 04/21/16 11:24:18 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re       | Sharon Butcher  |   | Case No.   |                                  |              |  |  |
|-------------|---|---|--|----------------------------------|--------------|--|--|
|             |   | Debtor(s)   | Chapter  | 7                                |              |  |  |
|             | DISCLOSURE OF COMPI   | ENSATION OF ATTO  | RNEY FOR DE  | BTOR(S)                          |              |  |  |
| 1 1         |   |   |  |                                  |              |  |  |
| (           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplation  | ling of the petition in bankruptcy  | , or agreed to be paid t   | o me, for services ren           | idered or to |  |  |
|             | For legal services, I have agreed to accept   |   | \$   | 895.00                           |              |  |  |
|             | Prior to the filing of this statement I have received   | d   | \$   | 895.00                           |              |  |  |
|             | Balance Due   |   | \$   | 0.00                             |              |  |  |
| 2.          | \$ of the filing fee has been paid.   |   |  |                                  |              |  |  |
| 3.          | The source of the compensation paid to me was:  |   |  |                                  |              |  |  |
|             | ■ Debtor □ Other (specify):   |   |  |                                  |              |  |  |
| 4. <i>'</i> | The source of compensation to be paid to me is:   |   |  |                                  |              |  |  |
|             | ■ Debtor □ Other (specify):   |   |  |                                  |              |  |  |
|             | = Bestor = Guier (speeny).  |   |  |                                  |              |  |  |
| 5.          | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |   |  |                                  |              |  |  |
|             | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results.   |   |  |                                  | w firm. A    |  |  |
| 6.          | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |  |                                  |              |  |  |
| 1           | <ul> <li>a. Analysis of the debtor's financial situation, and ren</li> <li>b. Preparation and filing of any petition, schedules, st</li> <li>c. Representation of the debtor at the meeting of cred</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applicated 522(f)(2)(A) for avoidance of liens on he</li> </ul> | atement of affairs and plan which<br>itors and confirmation hearing, a<br>preduce to market value; ex-<br>ions as needed; preparation | h may be required;<br>nd any adjourned hear<br>emption planning; | ings thereof; preparation and fi | ling of      |  |  |
| 7.          | By agreement with the debtor(s), the above-disclosed a Representation of the debtors in any control of the debtors in any control of the debtors.   |   | g service:   |                                  |              |  |  |
|             |   | CERTIFICATION   |  |                                  |              |  |  |
|             | I certify that the foregoing is a complete statement of a pankruptcy proceeding.  | any agreement or arrangement for  | r payment to me for re   | presentation of the de           | ebtor(s) in  |  |  |
| A           | April 21, 2016  | /s/ Ronald D. Cui   | mminas   |                                  |              |  |  |
|             | Date  | Ronald D. Cumm  | nings 6195972  |                                  |              |  |  |
|             |   | Signature of Attorna<br>Law offices of Re   | <i>ey</i><br>onald D. Cummings                                   | s                                |              |  |  |
|             |   | 22600 Deer Path   | Lane   |                                  |              |  |  |
|             |   | Plainfield, IL 605  |  |                                  |              |  |  |
|             |   | 815 782-4844 Fa   | ax: 815 /82-4787   |                                  |              |  |  |

bankruptcylawyer@sbcglobal.net

Name of law firm

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Sharon Butcher                             |   | Case No.       |                           |  |  |  |
|-------|--|---|----------------|---------------------------|--|--|--|
|       |  | Debtor(s)   | Chapter        | 7                         |  |  |  |
|       | VERIFICATION OF CREDITOR MATRIX            |   |                |                           |  |  |  |
|       |  | Number of C   | Creditors: _   | 27                        |  |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor             | rs is true and | correct to the best of my |  |  |  |
| Date: | April 21, 2016                             | /s/ Sharon Butcher Sharon Butcher Signature of Debtor |                |                           |  |  |  |

Associated Radiologists of Joliet 6801 W. 73rd Street, #637 Bedford Park, IL 60499-0637

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

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Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Blatt Hasenmiller Liebsker & Moore 10 South LaSalle Street #2200 Chicago, IL 60603

Blitt & Gaines P.C. 661 Glen Avenue Wheeling, IL 60090

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Po Box 15298 Wilmington, DE 19850

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Credit Services Po Box 790040 Saint Louis, MO 63179 Citibank/Best Buy Centralized Bankruptcy/CitiCorp Credit S Po Box 790040 St Louis, MO 63179

Citibank/Best Buy Centralized Bankruptcy/CitiCorp Credit S Po Box 790040 St Louis, MO 63179

Creditors Collection Bureau P.O. Box 63 Kankakee, IL 60901-0063

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

EM Strategies P.O. Box 366 Hinsdale, IL 60522

Global Credit & Collections Corp. 5440 N. Cumberland Suite 300 Chicago, IL 60656

Huddleston Medical Services P.O. Box 3595 Toledo, OH 43607-0495

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

NES of Ohio 2479 Edison Blvd Unit A Twinsburg, OH 44087-2340

Northland Group Inc. P.O. box 390905 Minneapolis, MN 55439

Northland Group Inc. P.O. box 390905 Minneapolis, MN 55439

Pnc Bank, N.a. 1 Financial Pkwy Kalamazoo, MI 49009

Silver Cross Hospital 1900 Silver Cross Blvd New Lenox, IL 60451-9508

Southwest Infectious Disease 1051 Essington Rd. Suite 210 Joliet, IL 60435

United Collection Bureau inc. 5620 Southwyck Blvd #206 Toledo, OH 43614

Wayne Williamson P.O. Box 819 Antioch, IL 60002

Will County Health Dept 501 Ella Avenue Joliet, IL 60433